



Congregation Beth Tikvah 2010-2011 New Member Profile

Please Note: The information requested on this form will be treated **CONFIDENTIALLY** by the Beth Tikvah staff. Please return this form with your annual membership form to the temple office.

Beth Tikvah may share names and addresses of our members with the Columbus Jewish Federation.
If you prefer to NOT have your information shared, please check this box.

Name: _____

E-mail : _____

E-mail is needed for temple communications

Address: _____

City, State, Zip: _____

My e-mail address may be printed in the Temple Directory

Yes No

Phone: (____) _____

	Birthdate MM/DD/YYYY	Name of Household Member	Employer/Occupation/Work Phone	Personal Cell Phone# (for office use ONLY)
M/F				
M/F				
M/F				
M/F				
M/F				
M/F				

1. What are your main areas of interest at Beth Tikvah?

A. _____ B. _____ C. _____ D. _____

2. Would you like to be paired with an established member family who will serve as your mentor in the Beth Tikvah community? Yes No

3. Prior synagogue affiliation if any: _____ City: _____

4. Leadership positions held: A. _____ B. _____ C. _____